

COUNTY OF FAIRFAX

RESIDENTIAL TRAFFIC ADMINISTRATION PROGRAM (R-TAP)

Residential Permit Parking District (RPPD)

- ☐ RESIDENTIAL PARKING PERMIT
- ☐ VISITOR PASS
- ☐ 14 DAY NON-RESIDENT OWNER PASS
- ☐ 30 DAY NEW RESIDENT PASS (nonrenewable)-REQUIRES ONE PROOF RESIDENCY AND CURRENT VEHICLE REGISTRATION

PRINT WITH PEN ONLY

FULL NAME: _____

SSN OF OWNER: _____

ADDRESS: _____

SIGNATURE: _____

DAYTIME TELEPHONE: _____

VEHICLE DESCRIPTION

OFFICE USE ONLY

Residency Proof of Address- Check ONE of the Following:

☐ Drivers License

☐ Payment Proof of Fairfax Co. Property Tax

OR Check TWO of the Following:

☐ Lease or Mortgage Document

☐ Security Deposit or Paid Rent Receipt

☐ Vehicle or Property Insurance Policy

☐ Voter Registration or Utility Bill

VEHICLE #1	VEHICLE #2	VEHICLE #3
_____ (Vehicle Identification Number)	_____ (Vehicle Identification Number)	_____ (Vehicle Identification Number)
(License Plate No.) _____	(License Plate No.) _____	(License Plate No.) _____
(State) _____	(State) _____	(State) _____
(Vehicle Year) _____	(Vehicle Year) _____	(Vehicle Year) _____
(Make - i.e. Ford) _____	(Make - i.e. Ford) _____	(Make - i.e. Ford) _____
(Model - i.e. Escort) _____	(Model - i.e. Escort) _____	(Model - i.e. Escort) _____
IF APPLICABLE:	IF APPLICABLE:	IF APPLICABLE:
<input type="checkbox"/> Motorcycle <input type="checkbox"/> Company Owned Vehicle	<input type="checkbox"/> Motorcycle <input type="checkbox"/> Company Owned Vehicle	<input type="checkbox"/> Motorcycle <input type="checkbox"/> Company Owned Vehicle
<input type="checkbox"/> Leased Vehicle <input type="checkbox"/> Sold/Moved out of District	<input type="checkbox"/> Leased Vehicle <input type="checkbox"/> Sold/Moved out of District	<input type="checkbox"/> Leased Vehicle <input type="checkbox"/> Sold/Moved out of District

FOR OFFICE USE ONLY--DO NOT WRITE BELOW THIS LINE

Vehicle Proof - Check ONE of the Following:	Vehicle Proof - Check ONE of the Following:	Vehicle Proof - Check ONE of the Following:
<input type="checkbox"/> Virginia Vehicle Registration	<input type="checkbox"/> Virginia Vehicle Registration	<input type="checkbox"/> Virginia Vehicle Registration
<input type="checkbox"/> Payment Proof of Fairfax Co. Property Tax	<input type="checkbox"/> Payment Proof of Fairfax Co. Property Tax	<input type="checkbox"/> Payment Proof of Fairfax Co. Property Tax
<input type="checkbox"/> MILITARY ONLY - Current Military ID and a Current Vehicle Registration	<input type="checkbox"/> MILITARY ONLY - Current Military ID and a Current Vehicle Registration	<input type="checkbox"/> MILITARY ONLY - Current Military ID and a Current Vehicle Registration

District No. _____

Application Date: _____

Application Date: _____

Application Date: _____

Application Date: _____

VEHICLE #1 Permit No: _____

VEHICLE #2 Permit No: _____

VEHICLE #3 Permit No: _____

Visitor Pass No. _____

Clerk Initials: _____

Expiration Date June 30, _____

FOR OFFICE USE ONLY

COUNTY OF FAIRFAX
DEPARTMENT OF TRANSPORTATION
SUITE 1034
12055 GOVERNMENT CENTER PKWY
FAIRFAX VA 22035-5511
PH: (703) 324-1100
FX: (703) 324-1450

VEHICLE #1 Permit No: _____

VEHICLE #2 Permit No: _____

VEHICLE #3 Permit No: _____

Visitor Pass No. _____